SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS	HAVE BEEN ISSUED	TO APPLICANT.	Original :	Application	MUST be sub	mitted	FILL C	OUT IN INK (NO PEN	ICIL)
TYPE OF PERMI	T REQUES	TED-		LAND USE	SANITARY [PRIVY	□ CONDIT	IONAL USE	☐ SPECIA	L USE	□ B.O.A. [OTHE	R
Owner's Name: Dean L	aRt	edbers	Mailing Address: City/State/Zipn 12575 SCINIC DR IRON KIVEN				e WI.	54847	Telepho	ne: 372-513			
Address of Proper		<i>(</i> /	City/State/Zip: LRDN RIVERWI 54847						Cell Phone: (05)				
Contractor:			Contractor Phone: Plumber:						7.	Plumbe	r Phone:		
Authorized Agent:	cation on beha	lf of Owner(s))	Agent Phone:		Agent Mailing Address (include City,			Aut Att		Written Authori Attache	zation d		
PROJECT LOCATION	Legal Description: (I leg Tay Statement)					13486				Recorded Document: (Showing Ownership)			
1/4,	Gov't Lot	Lot(s)		SM Vol & Page CSM Doc# Lot(s) # Block # V:5 0 194 D00771 2				Subdivision:					
Section 12) , Tow	nship _	46 N, F	tange <u>DB</u> v	N To	Town of: DeltA				Lot Size 4.35 ACVO Acreage			
	Cree			n 300 feet of Riv of Floodplain?	The state of the s	r, Stream (incl. Intermittent) If yescontinue Distance Structure, is from Shore			rom Shoreli	ne : Is your Property in Floodplain		- Δ	re Wetlands Present?
Shoreland -	□ Is F	☐ Is Property/Land within 1000 feet of La			ike, Pond or Flov		Distance Structure is from Shorelin			ne : Yes			☐ Yes
☐ Non-Shoreland	d										2110		
Value at Time of Completion * include donated time & material		Project Project # of Stories				ect ation	bedrooms Sewer/Sa on Is on t			hat Type of sanitary System(s) the property <u>or</u> on the property?			Type of Water on property
	New	New Construction			1-Story Basement		1	□ Mu	ınicipal/Cit	غو واسموالا الالتالية			☐ City
\$900	☐ Addition/Alteration			☐ 1-Story + Loft	☐ Found	lation	□ 2 □ (New) Sanitar		y Specify Type:			Well	
				☐ 2-Story	□ Slab	X 3				s) SpecifyType:			
		☐ Relocate (existing bldg) ☐			X 105TS						lted (min 200	gallon)	
∞.	□ Run a Business on Property			Use Use			□ Non	None □ Portable (w/service contract) □ Compost Toilet			ntract)		
					iounu	□ None							
Existing Structure: (if addition, alteration or business is being applied for) Proposed Construction: (overall dimensions) Length: Width: Width:											Height: Height:		
Proposed I	Use	1			Propose	ed Structui	re			Di	mensions	STATE OF THE REAL PROPERTY.	Square
			Principal Structure (first structure on property)							(X)		ootage
		Residence (i.e. cabin, hunting shack, etc.)								X)	1		
. Residentia		with Loft with a Porch								X)			
with a Porch							1	X)					
with a Deck									(X			
☐ Commercial Use with (2 nd) Deck							(X					
with Attached Garage								(X)	Par III			
Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)									(X)			
☐ Mobile Home (manufactured date)							(Χ)					
☐ Municipal	Use		Addition/Alteration (explain)								X)		2/2
		X									6x 10	9	260
			, or the second								X)		
-										Χ)		<i>F</i>	
Pry		Conditional Use: (explain)								X)		
4			Other: (explain)								X		
(are) responsible for	the detail and unty relying o	accuracy of n this inform	ny accompanyir all information nation I (Ne) an	g information) has be I (we) am (are) provid I (are) providing in or	or STARTING CONS en examined by me (using and that it will be r with this application. I	s) and to the be relied upon by E (we) consent t	est of my (our) k Bayfield County o county official	nowledge and bel in determining wl s charged with ad	ief it is true, com nether to issue a	rect and com permit. I (w nty ordinanc	ve) further accept l es to have access	iability which to the above	h may be a described
Owner(s):	Woen	ers listed	on the Deed	All Owners must	sign <u>or</u> letter(s) of	Ida K authorization	Heal on must acco	mpany this ap	plication)	Date	10-10	4-2	<u>U</u>

Date

WI

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 12735 Schnic

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Driveway and (*) Frontage Road (Name Frontage Road)

Fill Out in Ink - NO PENCIL

x below: Draw or Sketch your Property (regardless of what you are applying for)

Proposed Construction

North (N) on Plot Plan

All Existing Structures on your Property

(*) Wetlands; or (*) Slopes over 20%

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Show Location of:

Show Location of (*):

Show / Indicate:

Show any (*):

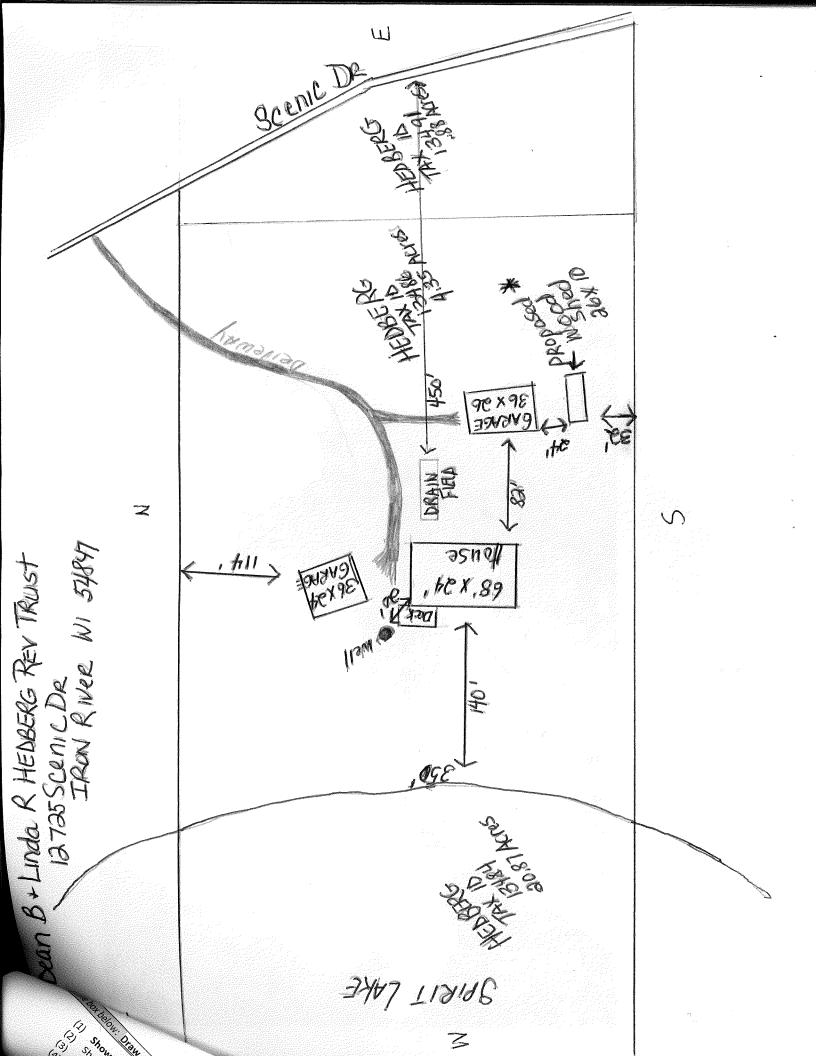
Show any (*):

Show:

Show:

Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Setback Setback Description Description Measurements Measurements Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way Feet Setback from the River, Stream, Creek Feet Setback from the Bank or Bluff Feet Setback from the North Lot Line Feet Setback from the South Lot Line Feet Setback from Wetland Feet Setback from the West Lot Line Feet 20% Slope Area on the property ☐ Yes □ No Setback from the East Lot Line Feet Elevation of Floodplain Feet Setback to Septic Tank or Holding Tank Feet 150 Feet Setback to Well Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet Prior to the placement or construction of a structure wit ten (10) feet of the mi other previously surveyed corner or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900. Sanitary Number: Issuance Information (County Use Only) # of bedrooms: Sanitary Date: Permit Denied (Date): Reason for Denial: Permit #: Permit Date: 20-0296 10-23 Is Parcel a Sub-Standard Lot ☐ Yes (Deed of Record) Mitigation Required Is Parcel in Common Ownership Affidavit Required ☐ Yes No ☐ **Yes** (Fused/Contiguous Lot(s)) ☑ No Mitigation Attached ☐ Yes Is Structure Non-Conforming 🗂 No Affidavit Attached ☐ Yes ₽ No ☐ Yes Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) 🗆 Yes 🗷 No ☐ Yes ☐ No Case #: Was Parcel Legally Created Yes No Were Property Lines Represented by Owner Yes □ No Was Proposed Building Site Delineated ☐ Yes ☐ No Was Property Surveyed Yes □ No Inspection Record: **Zoning District Lakes Classification** Date of Inspection:/ Inspected by: Date of Re-Inspection: Condition(s): Town, Signature of Inspector: Date of Approval: Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: ®® August 2017 (®Oct 2019)



Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

20-0296 Dean & Linda Hedberg Issued To: No. Delta Location: 12 **Township** Range W. Town of Section CSM# 771 Subdivision Gov't Lot Lot Block

For: Residential Accessory Structure: [1- Story; Wood Shed (26' x 10') = 260 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for human habitation or sleeping.

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NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 23, 2020

Date